

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
G12351USW

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENTS

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application Serial No. _____ on _____ and
was amended on _____ (if applicable).

☒ was filed as PCT international application Number PCT/GB96/03154 on 19 December 1996
and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.


I hereby claim foreign priority benefits under Title 35, United States Code. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

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COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. GB	9526392.7	22 December 1995	X
2. PCT	GB96/03154	19 December 1996	
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Send Correspondence to: David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709			 23347 PATENT TRADEMARK OFFICE		Direct Telephone Calls to: Charles E. Dadswell (919) 483-6983																				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME RIEBE	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Thomas																					
	RESIDENCE & CITIZENSHIP	CITY Raleigh	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US																					
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2 0 2	FULL NAME OF INVENTOR	FAMILY NAME DWIVEDI	FIRST GIVEN NAME Sarvajna	SECOND GIVEN NAME/INITIAL Kumar																					
	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE OR FOREIGN COUNTRY CA	COUNTRY OF CITIZENSHIP IN																					
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 5215 Fiore Terrace # 115	CITY San Diego	STATE & ZIP CODE/COUNTRY CA 92122, US																					
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME LI-BOVET	FIRST GIVEN NAME Li	SECOND GIVEN NAME/INITIAL																					
	RESIDENCE & CITIZENSHIP	CITY Scotch Plains	STATE OR FOREIGN COUNTRY NJ	COUNTRY OF CITIZENSHIP CH																					
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 172 Spruce Mill Lane	CITY Scotch Plains	STATE & ZIP CODE/COUNTRY NJ 07076, US																					
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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Signature of Inventor 201	Signature of Inventor 202 <i>SKD</i>	Signature of Inventor 203
Date	Date <i>5/22/98</i>	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

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Signature of Inventor 201 	Signature of Inventor 202	Signature of Inventor 203
Date 21 May 98	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
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PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Charles E. Dadswell
(919) 483-6983

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